

NAME/NON-PROFIT:





2016 BENEFICIARY APPLICATION

ADDRESS:			
CONTACT NAME:			
TITLE:			
		-	
PHONE NO:		-	
NON-PROFIT ID:		-	
"Through the dis		Learning Centers provides a wide spectrum that bring learning to life, benefit our diverse	
How does your organization to provide educational expe	•	mission statement of the Learning Centers at F	airplex
What is the extent of your necessary.)	organization's community involvement	nent? (You may attach an additional sheet of p	aper if

What emphasis does your organization place on youth and education?
How will you utilize the proceeds if awarded?
Is there anything additional you think the committee would find beneficial in reviewing your application?
I,, understand that this application is subject to review by the Lemon Festiva Committee formed by the City of Upland. I acknowledge all the information contained will be used solely for the purposes of selecting local Upland non-profits that support the mission statement of the Learning Centers at Fairples and will not be used for any other purpose. Recipients of any proceeds will be contacted by the City of Upland.
Signed: Date:

*Return completed application by June 1, 2016 to:
Community Services Department
Attn: Roberta Knighten
460 N. Euclid Ave.
Upland, CA 91786
rknighten@ci.upland.ca.us
(909) 931-4287